

## 2011 APPLICATION INSTRUCTIONS

### **INDIANA ATHLETIC TRAINERS BOARD** **ATHLETIC TRAINER LICENSURE PACKET**

This packet should include the following:

- 1.) Seven (7) pages of instructions and information
- 2.) A three (3) page application Form
- 3.) A Verification of BOC Examination/Certification Status form
- 4.) Official Transcript
- 5.) A Verification of State Licensure Form
- 6.) A Verification of Supervision Form
- 7.) Verification of employment/experience

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2064. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT <http://www.in.gov/pla/athletic.htm>.**

#### **INSTRUCTIONS AND INFORMATION**

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all instructions and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or email us at [pla5@pla.in.gov](mailto:pla5@pla.in.gov). Additionally, you can access information on the licensure of athletic trainers on the State of Indiana's website at [www.pla.in.gov](http://www.pla.in.gov).

#### **THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information on your application or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and official transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and your application will not be processed without it.

#### **MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Indiana Board of Podiatric Medicine to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 U.S.C. §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. **Application fees are non-refundable and non-transferable (*Outlined in IC 25-1-8-2(e)*).**

#### **AGENCY ADDRESS**

Indiana Professional Licensing Agency  
Indiana Athletic Trainers Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

## APPLICATION FOR LICENSURE AS AN ATHLETIC TRAINER

YOUR APPLICATION AS AN ATHLETIC TRAINER CAN BE OBTAINED THROUGH EITHER OF THE FOLLOWING METHODS. (APPLICANTS ARE ADVISED TO REVIEW THE REQUIREMENTS FOR EACH METHOD IN ORDER TO DETERMINE THE METHOD OF LICENSURE FOR WHICH THE APPLICANT IS MOST QUALIFIED). APPLICATIONS WILL NOT BE REVIEWED UNTIL ALL REQUIRED DOCUMENTS AND FEES ARE RECEIVED BY THE BOARD.

1. EXAMINATION
2. ENDORSEMENT (Exemption from examination)

### EXAMINATION CANDIDATES

The requirements for athletic training licensure through examination are as follows:

#### APPLICATION

Mail completed application along with all required documentation listed below to the Indiana Professional Licensing Agency at the address indicated.

#### COMPLETION OF THE APPLICATION PROCESS

An application shall be considered abandoned if the applicant does not complete the requirements for licensure within one (1) year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

#### AFFIDAVIT

If you answer "Yes" to any of the eight (8) questions on the application, you must explain fully in a signed and **notarized** affidavit, with an explanation or statement of facts and or events, including all related details. Describe the event including location, date, and disposition. If you have had a malpractice judgment, provide the name of the plaintiff. Letters from attorneys or insurance companies will not be accepted in lieu of your statement, however they may accompany your affidavit.

#### APPLICATION FEES

Applicants must submit a fifty-five dollar (\$55) application/issuance fee made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. **We cannot accept payment by credit card. ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

#### PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken within eight (8) weeks of the submission of the application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

#### VERIFICATION OF EDUCATION

Applicants must have completed at least a Baccalaureate degree from an institution of higher education that meets the academic standards for athletic trainers established by

CAAHEP/CAATE approved program. These standards include the completion of an academic program that includes at least the following accredited courses:

- |                             |                                |
|-----------------------------|--------------------------------|
| 1.) Human Anatomy           | 7.) Advanced Athletic Training |
| 2.) Human Physiology        | 8.) Therapeutic Modalities     |
| 3.) Physiology of Exercise  | 9.) Rehabilitation             |
| 4.) Kinesiology             | 10.) Clinical experience       |
| 5.) Personal Health         |                                |
| 6.) Basic Athletic Training |                                |

Applicants must complete the coursework section of the application. If an applicant for licensure proposes to satisfy more than one (1) of the course requirements with one (1) combined course, the course must be credited for at least three (3) semester hours or four and one-half (4.5) quarter hours on an official transcript. In addition, if the course is completed in one (1) semester or one (1) quarter, it must be credited for no less than five (5) semester hours or seven and one-half (7.5) quarter hours on an official transcript.

### **OFFICIAL TRANSCRIPT**

You must submit an official transcript from the college or university from which you obtained your degree, showing that all requirements for graduation have been met and when the degree was granted.

**NOTE: Transcripts must be original, official transcripts that come directly for the university. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.**

### **EXAMINATION**

The Board has adopted the Board of Certification's (BOC) examination to obtain athletic training licensure. You will be required to pass the BOC examination before you will be licensed as an athletic trainer in the State of Indiana.

Applicants must complete the top portion of the **VERIFICATION OF BOC**

**EXAMINATION/CERTIFICATION STATUS** form and forward the form to BOC for completion and submission to the Board. BOC charges a fifteen dollar (\$15) fee for processing this information. DO NOT SEND CASH.

### **VERIFICATION OF LICENSURE/CERTIFICATION IN ANOTHER STATE**

Applicant must complete **VERIFICATION OF STATE LICENSURE/CERTIFICATION FORMS** from each state in which you are currently, or have ever been licensed, certified or registered to practice any regulated health profession or occupation. This form must be completed by the state licensing board in each state and returned directly to the Indiana Professional Licensing Agency. This form may be duplicated. **You do not need to complete this form, if you only hold licensure or certification in the state of Indiana.**

### **EXAMINATION CANDIDATES CHECKLIST**

- \_\_\_\_\_ Three (3) page application form
- \_\_\_\_\_ Two (2) photographs
- \_\_\_\_\_ \$55 application/issuance fee
- \_\_\_\_\_ Transcript (Submitted directly from institution of higher education)
- \_\_\_\_\_ Verification of BOC Examination/Certification Status form (Submitted directly from BOC)
- \_\_\_\_\_ Verification of Licensure/Certification in another state (If applicable)
- \_\_\_\_\_ Copy of a marriage certificate or legal name change documentation (If your name is not the same on all of your documents)
- \_\_\_\_\_ Notarized affidavit (If you have given a "yes" response on the application)

## **2. ENDORSEMENT CANDIDATES**

The requirements for athletic training licensure through endorsement (exemption from examination) are as follows:

### **APPLICATION**

Mail completed application along with all required documentation listed below to the Indiana Professional Licensing Agency.

### **COMPLETION OF THE APPLICATION PROCESS**

An application shall be considered abandoned if the applicant does not complete the requirements for licensure within one year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

### **AFFIDAVIT**

If you answer "Yes" to any of the eight (8) questions on the application, you must explain fully in a signed and **notarized** affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date, and disposition. If you have had a malpractice judgment, provide the name of the plaintiff. Letters from attorneys or insurance companies will not be accepted in lieu of your statement, however they may accompany your affidavit.

### **APPLICATION FEES**

Applicants must submit a fifty-five dollar (\$55) application/issuance fee made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. **We cannot accept payment by credit card.** ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

### **PHOTOGRAPHS**

Applicants must submit two (2) acceptable photographs, taken within eight (8) weeks of the submission of the application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

### **VERIFICATION OF EDUCATION**

Applicants must have completed at least a Baccalaureate degree from an institution of higher education that meets the academic standards for athletic trainers established by CAAHEP/CAATE approved program. These standards include the completion of an academic program that includes at least the following accredited courses:

- |                            |                                |
|----------------------------|--------------------------------|
| 1.) Human Anatomy          | 6.) Basic Athletic Training    |
| 2.) Human Physiology       | 7.) Advanced Athletic Training |
| 3.) Physiology of Exercise | 8.) Therapeutic Modalities     |
| 4.) Kinesiology            | 9.) Rehabilitation             |
| 5.) Personal Health        | 10.) Clinical experience       |

Applicants must complete the coursework section of the application. If an applicant for licensure proposes to satisfy more than one (1) of the course requirements with one (1) combined course,

the course must be credited for at least three (3) semester hours or four and one-half (4.5) quarter hours on an official transcript. In addition, if the course is completed in one (1) semester or one (1) quarter, it must be credited for no less than five (5) semester hours or seven and one-half (7.5) quarter hours on an official transcript.

You must submit an official transcript from the college or university from which you obtained your degree, showing that all requirements for graduation have been met and when the degree was granted.

**NOTE: Transcripts must be original, official transcripts. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.**

### **EXAMINATION**

The Board has adopted the Board of Certifications (BOC) examination to obtain athletic training licensure. Applicants may be exempted from taking the BOC examination by meeting any of the following criteria:

1. the individual is licensed in another state and the other state's standards for licensure or certification are at least equal to the requirements for licensure in Indiana;
2. the individual is certified by BOC and meets all other requirements for licensure in Indiana; **or**
3. the individual is certified by an organization recognized by the National Commission on Competency Assurance (NCCA) and meets all other requirements for licensure in Indiana.

If an applicant is using licensure/certification in another state to qualify for exemption, the applicant must submit **VERIFICATION OF STATE LICENSURE/CERTIFICATION FORMS** from each state in which you are **currently** certified or registered to practice any regulated health profession or occupation. This form must be completed by the state licensing board in each state and returned directly to the Indiana Professional Licensing Agency.

If an applicant is using BOC certification to qualify for exemption, the applicant must complete the top portion of the **VERIFICATION OF BOC EXAMINATION/CERTIFICATION STATUS** form and forward the form to BOC for completion and submission to the Board. BOC charges a fifteen dollar (\$15) fee for processing this information. **DO NOT SEND CASH.**

If an applicant is using certification by an organization recognized by NCCA, it is the applicant's responsibility to submit proof of this certification.

### **VERIFICATION OF LICENSURE/CERTIFICATION IN ANOTHER STATE**

Applicant must complete **VERIFICATION OF STATE LICENSURE/CERTIFICATION FORMS** from each state in which you are currently, or have ever been licensed, certified or registered to practice any regulated health profession or occupation. This form must be completed by the state licensing board in each state and returned directly to the Indiana Professional Licensing Agency. This form may be duplicated. **You do not need to complete this form, if you only hold licensure or certification in the state of Indiana.**

## **ENDORSEMENT CANDIDATES CHECKLIST**

- \_\_\_\_\_ Three (3) page application form
- \_\_\_\_\_ Two (2) photographs
- \_\_\_\_\_ \$55 application/issuance fee
- \_\_\_\_\_ Transcript (Submitted directly from institution of higher education)
- \_\_\_\_\_ Verification of BOC Examination/Certification Status form (Submitted directly from BOC)
- \_\_\_\_\_ Verification of Licensure/Certification in another state (If applicable)
- \_\_\_\_\_ Verification of Experience/Employment Form
- \_\_\_\_\_ Copy of a marriage certificate or legal name change documentation (If your name is not the same on all of your documents)
- \_\_\_\_\_ Notarized affidavit (If you have given a "yes" response on the application)

## **TEMPORARY PERMITS**

Pursuant to IC 25-5.1-3-8, the Indiana Athletic Trainers Board **may** issue a temporary permit to practice as an athletic trainer to an applicant who qualifies under any of the following three criteria:

- 1.) The applicant has a valid license or certificate to practice in another state and the person has applied for a license from the Board.

If an applicant is using licensure or certification in another state to qualify for a temporary permit, the applicant may use the submitted **VERIFICATION OF STATE LICENSURE** form.

- 2.) The applicant is practicing in a state that does not license or certify athletic trainers but is certified by the Board of Certification (BOC), and has applied for a license from the Board.

If an applicant is using certification with BOC to qualify for a temporary permit, the applicant may use the submitted **VERIFICATION OF BOC EXAMINATION/CERTIFICATION STATUS** form.

- 3.) The applicant has met all requirements for licensure except successful completion of the BOC examination.

If an applicant has met all requirements for licensure, except successfully completing the BOC examination, the applicant **must** practice under the supervision of a licensed athletic trainer during the ninety (90) days in which the temporary permit is valid. These applicants must submit the **VERIFICATION OF SUPERVISION** form with all other application materials.

**NOTE:** Applicants with temporary permits who have not taken the BOC examination are encouraged to take the examination within the ninety (90) day period that the temporary permit is valid.

---

**APPLICANTS WHO WISH TO OBTAIN A TEMPORARY PERMIT NEED TO CHECK THE APPROPRIATE BOX ON PAGE #1 OF THE APPLICATION AND SUBMIT AN ADDITIONAL CHECK FOR TWENTY-FIVE DOLLARS (\$25) FOR THE PERMIT**

---

---

**PLEASE BE ADVISED, UNDER CERTAIN CIRCUMSTANCES, APPLICANTS WHO MEET THE REQUIREMENTS FOR A TEMPORARY PERMIT ALSO MEET THE REQUIREMENTS FOR FULL LICENSURE. IN THESE SITUATIONS, A TEMPORARY PERMIT IS NOT NECESSARY AND THE APPLICANT SHOULD NOT APPLY FOR ONE. PLEASE READ THE REQUIREMENTS FOR BOTH THE TEMPORARY PERMIT AND FOR FULL LICENSURE TO DETERMINE IF A TEMPORARY PERMIT IS NECESSARY. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE INDIANA PROFESSIONAL LICENSING AGENCY FOR CLARIFICATION.**

---

**A temporary permit expires on the earliest of:**

- 1.) the date the person holding the permit is issued a license under this article;
- 2.) the date the board disapproves the person's license application; **or**
- 3.) ninety (90) days after the date of issuance.